

PLAN CHECK

SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT WASTEWATER DISCHARGE QUESTIONNAIRE

All users which discharge to the San Jose/Santa Clara Water Pollution Control Plant are required to complete a wastewater discharge questionnaire. Use current operating data, if available, or your best estimate based on similar types of businesses. Answer all questions to the best of your ability.

1. Facility Name: _____
2. Address: _____
3. Name of Manager/Owner: _____
4. Building Owner and Telephone: _____
5. What is the nature of business conducted at this address:
6. List any products that are manufactured at this facility:
7. Do you use any water in your process(es)? ☐ Yes ☐ No
If yes, list the process(es) which will produce a wastestream discharge to
 1. The sanitary sewer _____ or;
 2. The storm sewer _____
8. Estimated amount of water discharged to the sanitary sewer from your process(es)
in gallons per day: ____.
9. Wastewater generating activities/points of discharge:
(Check all that apply)

<input type="checkbox"/> Sanitary Facilities	<input type="checkbox"/> Photographic Process	<input type="checkbox"/> Automotive Repair
<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Printing	<input type="checkbox"/> Parts Cleaning
<input type="checkbox"/> Steam Cleaning	<input type="checkbox"/> Vehicle Maint./Washing	<input type="checkbox"/> Floor Drains
<input type="checkbox"/> Sign Painting	<input type="checkbox"/> Furniture/Paint Stripping	<input type="checkbox"/> Painting
<input type="checkbox"/> Boilers	<input type="checkbox"/> Chemical Formulations	<input type="checkbox"/> Silk Screening
<input type="checkbox"/> Solder Leveling	<input type="checkbox"/> Wave Soldering	<input type="checkbox"/> Board Washing
<input type="checkbox"/> Laboratory Drains		<input type="checkbox"/> Electro-Polishing
<input type="checkbox"/> Pharmaceutical Manufacturing		<input type="checkbox"/> Compressor Condensate
<input type="checkbox"/> Groundwater Remediation		<input type="checkbox"/> Cooling Tower Blow Down
<input type="checkbox"/> Other (explain below)		

10. Do you currently have any type of treatment for your process wastestream; such as clarifier, filters, pH neutralization? ☐ Yes ☐ No If yes, explain.
11. Are any solvents used at your facility? ☐ Yes ☐ No If yes, state how they are disposed.
12. Are any solid wastes, other than standard refuse generated at your facility (such as solid hazardous waste, etc.)? ☐ Yes ☐ No If yes, state how they are disposed.
13. GAS STATION: If you plan to upgrade your station...
- A. Are there any floor drains from the work areas? ☐ Yes ☐ No
- B. For car wash: is there a grease interceptor or other grease removal device already installed? ☐ Yes ☐ No
- C. Will any steam cleaning of engines be performed on site? ☐ Yes ☐ No
If yes, will any water flow to the sanitary or storm drain? ☐ Yes ☐ No

CERTIFICATION STATEMENT

I certify that to the best of my knowledge, all the above are true and correct. I understand that any permit issued or plan stamped and cleared by this department on the basis of a falsification on this form will be revoked or considered invalid upon discovery of such falsification.

FULL NAME

SIGNATURE

DATE